

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

909 -62-013671

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 909

FILED MAR 30 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Richmond Hts.

Length of stay in 1b  
3 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY  
OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)  
6320 West Park Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

MARIE

C.

SHAFFREY

## 4. DATE OF DEATH

Month

Day

Year

Mar.

18

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-7-1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary-U.S. Gov't. (Retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Shaffrey

## 13b. MOTHER'S MAIDEN NAME

Laura Schreiber

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Dolores Shaffrey 6320 West Park Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Pulmonary insufficiency, acute 1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Aspiration pneumonia

### DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

2 wks

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Parkinsonism

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1959 to 1962 and last saw her alive on March 18.

Death occurred at 12:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

George A. Mahle M.D.

950 Francis Pl.

3-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Mar. 21, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

3-19-62

## 26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 7291

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.